

FREDERICK COUNTY SENIOR SERVICES ADVISORY BOARD MINUTES
Monday, January 11, 2021, 1:00 PM
Virtual Meeting held via WebEx
301-600-1234

COA MEMBERS	SSD STAFF	EXCUSED	UNEXCUSED	GUESTS
Pat Althardt	Kathy Barna	M.C. Keegan-Ayer		Katie Hemler
Barbara Angleberger	Kitty Devilbiss	Donna Kuzemchak		Dr. Chilakamarri
Rev. Dr. Wayne Blazer	Rick Gross			
George Carroll	Brad Peterson			
Tom Lawler	Sue Ramsburg			
Sally Livingston	Kathy Schey			
Bud Otis	Carolyn True			
Thea Uhlig-Ruff				
Penny Van Rens				
Sandra Wastler				

- I. Welcome & Introductions** –Thea Ruff called the meeting to order at 1:00 pm and welcomed all attendees. Public comment will be accepted at this meeting. Individuals can call in and their comment will be played at the end of the meeting and will be included in the Board minutes.
- II. Action on the Agenda** – The Election of Chair and Vice Chair portion of this meeting will be directed by Tom Lawler, Chairman of the Nomination Committee.
- III. Election of Chair and Vice Chair for 2021** – Tom stated that there is one candidate, Bud Otis, for the new Chairperson. Bud Otis was elected with a majority approval and one dissent. There is one candidate, Sally Livingston, for the Vice Chairperson. All were in favor; none opposed. The meeting was then turned over to Bud as the new Chairperson.

- IV. **Approval of Minutes** – The minutes of the October 12, 2020 were approved at today's meeting. Motion to approve: Sally Livingston. Second: Tom Lawler. Motion passed to approve the minutes.
- V. **Elected Officials' Comments** – No elected officials were present at today's meeting.
- VI. **Frederick Health System's New Geriatrician - Dr. Chilakamarri, Medical Director for Supportive & Geriatric Care, the Care Clinic at Frederick Health System** Dr. Chilakarmarri introduced Katie Hemler, Program Coordinator, who is also present at today's meeting. She gave a brief bio of her educational and work background as it relates to geriatric services.

The Supportive and Geriatric Care program is a redesign of the current palliative care program present in the hospital setting. Their mission is to provide excellent care to everyone in the community. The team consists of physicians, nurse practitioners, social workers, and support staff. Palliative care is patient and family-centered care that optimizes quality of life. Supportive care provides patient-centered care by providing the patient and family with an integrated team while they are experiencing an illness or medical condition. It also incorporates an age-friendly approach to the care provided. This is an integrated care program and all aspects of care work together in the best interests as a whole person. It is not about symptom management; it is about continuity of care and addressing all the patient needs. The goal is to use an age-friendly health system approach. The *4M's* in this system include what *matters* to the patient, their *mobility*, the *medication management*, and their *mental health*. A *fifth M* was added which is *mortality* and was added to capture the need to naturalize the importance of this aspect of life. This program addresses symptom management, determines what matters to the patient, helps with advanced care planning, delivers emotional/psychological support, reviews medications, manages mental health, and ensures that patients move safely to maintain function. This team works with the patient when they may move to a different location. It stays with them while they are in the hospital, outpatient environment, home, and/or the hospice environment. It provides blanket support in every environment. The key is to be proactive with prevention.

One of the accomplishments in the last year has been to provide more tele-supportive services (TSS). They provided extra support to the long term care facilities in the community. In the beginning of the pandemic, it was important to support the congregate facilities where the most vulnerable population lives. The team supported these facilities with a resource RN to aid with education and infection prevention. The program also provided support with a home health team, PCP support at the Care Clinic, and provided 24/7 support to the emergency department for complex patients coming from congregate facilities. They provided proactive visits

to dementia units in assisted living facilities and wrap around services for group homes.

Their future concepts include to be more proactive and have less reactive visits, to continue to work with congregate facilities, prevent readmissions, become an age-friendly health care system, and advance support to the most complex patients.

George asked if funds are being used for supplies to all assisted living facilities. Dr. Chilakamarri replied the supplies are being provided to all the long term care, assisted living facilities, and the group homes in the community. They provide the equipment to help with telecommunications, but sometimes the facilities do not have enough staff available to facilitate the communications. This is a community-wide issue. But it is important to support all the staff in these facilities as they support the residents who live there. Sandy asked if this team will help monitor the different doctors and medications each may have prescribed and the changes which happen during the course of care. Dr. Chilakamarri stated that medication management is part of the team support. The goal is to have this program become a standard of practice for all medical providers. Tom asked how people can access these services who are not currently in the Frederick Health system. There are three locations; the Care Clinic on West Seventh Street, the main campus of Frederick Health Hospital, and the James M. Stockman Cancer Center on Opossumtown Pike. The phone number to call is 240-566-3031. Sally asked if you have to be a patient with the Frederick Health system. Dr. Chilakamarri replied her goal would be to have it available to anyone in the community. Barbara asked if there is a comparable program in Hagerstown with the Meritus Hospital system. Dr. Chilakamarri stated there is not a system in place there.

VII. Senior Services Division Update, Kathy Schey – The Division is comprised of three Departments which have a specific role in assisting seniors in Frederick County. The Home and Community Connections Department is managed by Kitty Devilbiss. This Department includes senior centers and the nutrition programs. Although the physical buildings were closed as of March 13th, the senior centers quickly moved into a virtual model. There are eighteen different health, fitness, and creative programs which are hosted virtually. The Virtual Senior Center has expanded hours to include evenings and weekends. The Senior Center without Walls continues to send printed material to homebound seniors. The nutrition programs have grown over the last year. Meals on Wheels continues to deliver meals daily and a second option offered is a weekly delivery of covid temporary meals. The (GFS) Groceries for Seniors monthly food distribution has expanded to a twice a month event with delivery going to over 200 homes per occurrence. The GFS program also provides nutrition education to the food recipients. New partnerships have been formed to ensure our food delivery programs are provided in absence of our volunteers. Transit and Scott Key staff are key partners in our meal delivery programs.

The Resource and Navigation Department, under the leadership of Brad Petersen, includes MAP (Maryland Access Point), SHIP (State Health Insurance Program), and

the Caregiver Support Program. All of these programs have also transitioned to a virtual environment by utilizing phone calls and virtual meetings to handle client needs. Applications and information are mailed as needed. MAP is the first line of support and offers resources and assistance to individuals in the community. Medicare D transitioned by way of phone appointments for individuals wishing to review their prescription plan options for next year. Virtual appointments were also available as well as virtual "do it yourself" learning classes for those interested in a more hands-on option. Face to face appointments have been minimal but do occur when necessary. The Caregiver Support staff moved "Powerful Tools for Caregivers" to a virtual model as well. Applications for respite funds were also mailed upon request. This department has also gained two new employees. Teresa Luhn and Rick Gross joined the team as Service Navigators and will be offering front-line assistance.

The third Department in the Division is the Area Agency on Aging and the Operations team under the leadership of Carolyn True. This team includes the fiscal, administrative, and client services staff. These services have continued without interruption. PPE has been provided to staff so they can remain safe while providing services to individuals. This team has also added a new team member, Kathy Barna who is the new Guardianship Administrator. The Division team is able to remain successful due to the support of the county leadership, the Senior Services Advisory Board, strong community partnerships, and the great staff who collaborate and work together to meet the needs of our senior population in the county.

The plan for vaccination information is to host an education session using the virtual senior center. Dr. Randall Culpepper, the Deputy Health Officer for Frederick County, will provide real and reliable information during this session. A date will be set for that in the next couple weeks.

Tom asked about reaching out to the Frederick Health team and the geriatric services that were presented at today's meeting. Dr. Chilakamarri has met with the Division staff and the combining of resources has been discussed, with the hope to continue discussions in the future. George asked about the volunteer opportunities that may be available at the Division. Kathy agreed that the Division has always had a great team of volunteers but many of them were in the vulnerable senior population. The volunteer team has been disengaged due to the need to keep everyone safe. Communication with volunteers remains current. Many volunteers helped create a gift inventory for seniors during the holiday season. Volunteers have been writing notes and sending cards to MoW recipients. The goal is to re-activate volunteer opportunities at some time in the future. Some of the MoW volunteers are maintaining a telephone relationship with some of the clients to whom they deliver meals. Individuals are also referred to the Telephone Reassurance program with the Mental Health Association or to the Maryland Department of Aging call system. The Senior Center Supervisors are making regular calls to individuals who were frequent congregate meal participants. Sally asked if the Division would be working with the Health Department so the Senior Centers can become vaccination sites, or for someone to come to senior housing developments to vaccinate seniors who live there.

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Sally asked if the Board could be an advocate to make that happen. Kathy stated that the Division has been included in discussions and will be a part of the conversation when vaccine distribution gets to this point. Kathy suggested anyone that would like to send her an advocacy email and she will forward them to the Health Department.

VIII. New Business – No old business to discuss at today's meeting.

IX. Old Business - No new business to discuss at today's meeting.

X. Announcements – The Senior Services Advisory Board meetings will be held quarterly. Bud and Kathy will communicate with the virtual meeting administrator to set up dates. The next meeting will be in April, May, or June.

George stated he has been working with a group that is trying to get Delegate Kerr to introduce a bill concerning assisted living facilities and their staffing and training requirements. He will keep the Board informed on any progress with this endeavor.

XI. Public Comment – No public comment at today's meeting.

XII. Adjournment - Meeting adjourned at 2:10 pm.

Susan M. Ramsburg, Recording Secretary